K081613

SEP 1 7 2008

510(k) Summary Statement

Submitter:	American Medical Systems (AMS) 10700 Bren Road West Minnetonka, MN 55343
Contact Person:	Sarah Peterson Phone: 952.930.6431 Fax: 952.930.5785
Device Common Name:	Surgical Mesh
Device Trade Name:	SPARC™ System, Monarc® System, Monarc® + System, and Monarc® C System
Device Classification/ Classification Name:	Class II, 21 CFR Part 878.3300 Surgical Mesh, polymeric (OTN)
Predicate Device:	SPARC™ System (K041948), Monarc® System, Monarc® + System, and Monarc® C System (K051530)

Indications for Use

Sparc System:	Intended for the placement of pubourethral sling for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and /or intrinsic sphincter deficiency.
Monarc®, Monarc® +, Monarc® C Systems:	Intended for the placement of suburethral mesh for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and /or intrinsic sphincter deficiency.

Device Description

The Sparc, Monarc®, Monarc® +, and Monarc® C Systems are sterile, single use procedure kits that consist of two stainless steel, curved needle passers and a mesh sling assembly.

Summary of Testing

The components of the Sparc, Monarc, Monarc +, and Monarc C Systems have been tested for biocompatibility and performance requirements and found to be substantially equivalent to the predicate devices.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room –WO66-G609
Silver Spring, MD 20993-0002

SEP 28 2012

American Medical Systems, Inc.
% Ms. Sarah J. P. Meyer
Regulatory Affairs Specialist
10700 Bren Road West
MINNETONKA MN 55343

Re: K081613
Trade/Device Name: Sparc System, Monarc® System, Monarc® + System, and Monarc® C System
Regulation Number: 21 CFR 878.3300
Regulation Name: Surgical mesh
Regulatory Class: II
Product Code: OTN
Dated: September 4, 2008
Received: September 5, 2008

Dear Ms. Meyer:

This letter corrects our substantially equivalent letter of September 17, 2008.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

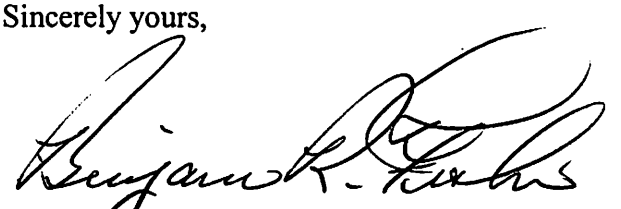
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must

comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,



Benjamin R. Fisher, Ph.D.
Director
Division of Reproductive, Gastro-Renal,
and Urological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

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Indications for Use Statement

510(k) Number: (if known)	
Device Name:	Monarc® System, Monarc® + System, and Monarc® C System
Indications For Use:	Intended for the placement of suburethral mesh for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and /or intrinsic sphincter deficiency.

Prescription Use ___X_____ (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of General, Restorative, and Neurological Devices

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Indications for Use Statement

510(k) Number: (If known)	
Device Name:	Sparc System
Indications For Use:	Intended for the placement of pubourethral sling for the treatment of female stress urinary incontinence (SUI) resulting from urethral hypermobility and /or intrinsic sphincter deficiency.

Prescription Use ___X_____ (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 801 Subpart C)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of [illegible] Reparative,
and Neur[illegible]

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